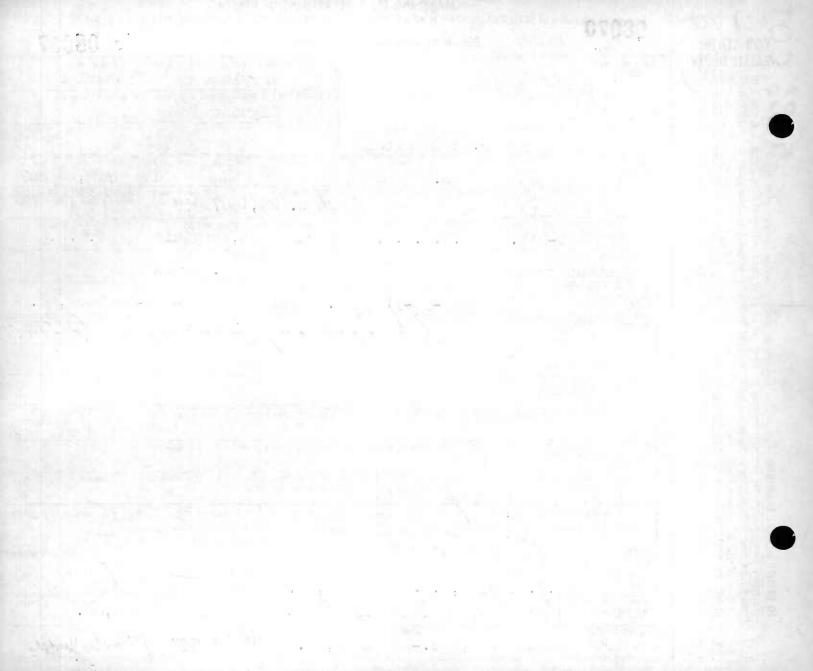
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

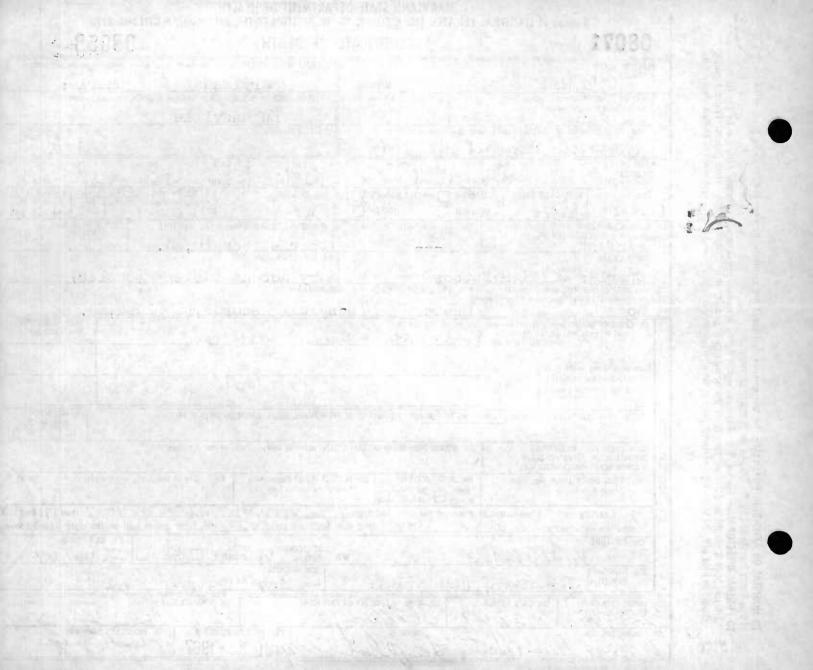
TO TAKE THE COUNTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PA STATE OF THE PARTY adil nampiosa, a maneur, serrin The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08057 FOR STATE HEALTH DEPTA PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 2, and 3 ta PM3. Page o COUNTY b. COUNTY Charles Maryland Charles MARYLAND Department b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
La Plata CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Glymont d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? alang with farm within 72 hours Physicans Memorial Hospital ate NO A Item 18. Give Pages YES after death. 3. NAME OF First 4. DATE 5 Inst Year DECEASED EARL BROWN 67 June 19 (Type or print) DEATH with S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 24 HRS. las (inthday) Manths Days Hours Sept. 29,190 White WIDOWED DIVORCED hours Male event 10o. USUAL OCCUPATION (Give kind af wark done KIND OF BUSINESS OR 10b. 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired). UINDUSTRY O.S. Arlington, Virginia COUNTRY? A Examiner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within pencil Louise W. Brown Gustaus Brown File pup 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, ng, or unknown) (If yes give wor or dotes of service remayal. 'pending" Mr. Augustus Brown-Son-Newburg, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: MTERVAL DETWEEN burial-transit ONSET_AND DEA Q IMMEDIATE CAUSE (a) writing the ward crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stating the underlying cause O OS burial, used WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate. NO p 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.) its designated agent, prior 3 shauld PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page Nat While please execute remains described abave, held an Autapsy 21. I certify that I taak charge of the Inspection 🗇 and in my apinian the funeral director. death resulted fram: Natural cause's Accident Suicide may be retained Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY P DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Plata . Moddress (Street, city, town, or county) NAME (Type) lelen.M. 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 BIJ TREMONAL (Specify) Road, Md. 967 Shilo M.E. Cemetery Bryans 24. FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. VR A15ME (5) Funeral Home, Inv.-La Plata, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08071 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 haurs after death pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral on blease remave carban papers. Pages I and PLACE OF DEATH o COUNTY o STATE b. COUNTY Maryland Charles MARYLAND within 72 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hughesville IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO 3. NAME OF Middle 4 DATE Month Year Dov Lost DECEASED Butler JUN 196 (Type or print) DEATH IF UNDER 1 YEAR I IF UNDER 24 HRS. S SEX 8 DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs 28-TUN 67 ADD. Fanale Nearo WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY and Infant Charles County, Md
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles William Latsow Mary Rosena Edelen 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 0 None Hospital Records La Plata Md 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 moy be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use MEDICAL CERTIFICATION YES T NO X far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work pe 21. I certify that (1) (this hospital) attended the deceased fram 45/Au 28-JVV 1967, ta 28-JVV 1967, that (1) (wet last 19 67, and that death accurred at 2:05 PM, fram causes and an the date stated above. saw the deceased alive an 2P Jun 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. X M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN Plata NAME (Type) Mary Mason 20646 directar, 230 BURIAL, CREMATION 23 NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 1967

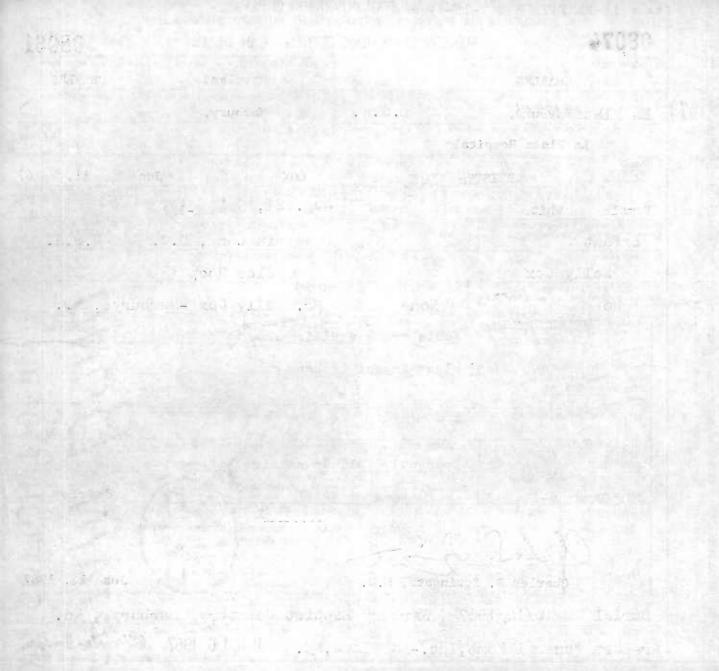


A LESSON OF THE STANDARD The House Carter House Carter House Carter House AND SANGER SERVICE AND SERVICE regarded in Edelan La Plata Many Land But at June 26 1/67 St Mary Forscool A 211 225 - PH The year of Flores House Hallookship

CERTIFICATE OF DEATH 08073 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) P Waldori d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NAME OF First Middle 4. DATE Last Month Year DECEASED ROLINE (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 17 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Doys Hours WIDOWED [DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cognity) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CORG 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cotse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work 21. I certify that I attended the deceased from -. 19____that I last saw the deceased alive an_ and that death occurred at 4. M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S ERKLE NAME (Type) 220. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	Items 18-21 Film 390 7-1 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
FOR STATE		08074			DICAL EXAMINER'S					08061
HEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY	CHARLES		MARYLAND	- CTATE	E (Where dece	ased lived, if institut b. COUR	ITV	pefare admission)
2, and 3 to PM3. Page		b. CITY DR TDWN (I	f autside carparate limit givecogerest/town) a Marbury	S,	C. LENGTH OF STAY IN 16 D.O.A.	c. CITY OR TOWN (II	f outside carpo (arbury		RAL and give ne	arest tawn)
T S T O		d. NAME OF HOSPITA	AL OR INSTITUTION (If no La Plata Ho			d. STREET ADDRESS		a. Li		e. IS RESIDENCE ON A FARM? YES NO X
14 hours after death. If any on tem 18. Give Poges 1, 2, a Soffice along with form PM on 2 with the State Depart ther death.	3.	NAME OF DECEASED (Type or print)		rst .IST¥e	Middle SUE	Lost COX	4. DATE OF DEAT	T		Doy Year 1, 19 67
rs after 18. Giv e olong 2 with	S.	Female	6. COLOR OR RACE White	7. MARRIEI WIDOWEI		B. DATE OF BIRTH Aug. 21,	1964	9. AGE (In years last birthday) 2-1/2 yrs.	Manths Da	AR IF UNDER 24 HRS. Days Haurs Min.
24 hou in Item r's Office	10a dur	USUAL OCCUPATION	(Give kind af wark dane life, even if retired)		KIND OF BUSINESS DR INDUSTRY		gton	, D.C.	12. CITIZEI COUNT	N OF WHAT
E = 5 5 5		FATHER'S NAME Kel	ly Cox			14. MDTHER'S MAID	en name .eo Ro	ор		
		WAS DECEASED EVE es, no, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war or dates o	of service)	8. SOCIAL SECURITY NO. 17 None	Mr. Kel	ly Co	Addre x -Marb		MD.
should be executed wir ne word "pending" in pe to the Chief Medical Exam burial-tronsit permit. File n ony event within 72 ho		1B. CAUSE OF DE PART I. DEAT	EATH (Enter only one cou IH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o)	or (a), (b), and (c).) Acute brain s	welling du	e to			INTERVAL BETWEEN ONSET AND DEATH
ficate shouling the worded to the os o buriology	1	Conditions, if any, rise to immediat stating the under last.	which gove e cause (o),	(b) <u></u>	olunt impact	to head				
e, writi forwori e used (novol, c	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	G TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE	CONDITION GI	VEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES X NO
ertificat ertificat ould be ss. nould by	CERTIFICATION	20a. EXTERNAL CA PRIMARY 🔼 ar COI CAUSE OF DEATH.	USE WAS NTRIBUTING	AT	DESCRIBE HOW INJURY OCCURRED PARENTLY fel			art II of item IB.)		
KAMINI te the c ge 4 sho your file age 3 sl	MEDICAL	10:50xxx	mx 6-11 196	7 at w	ile Not While at wark	PLACE OF INJURY (Home, actory, street, affice bldg.,	etc.)	(City ar tawn)	(County Cha:	r) (State)
21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner , CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER						ond in my opinion				
					NER A		22. DATE SIGNED			
						12, 1967				
10 5 16 16		BUT 1 STEIT	6/14/			Baptist Ce		y Marb		Md.
VR A15ME (5) 6M 1/67				lome,	IncLa Plat		UN 16	1967 8	Charle	Judge



1	DIVISION OF VITAL RECORDS, 301 W. PREST		
FOR STATE			23080
HEALTH DEPTA	1. PLACE OF DEATH o. COUNTY CHARLES MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence be o. STATE Maryland b. COUNTY CH	pefore odmission)
ath. If any delay is oges 1, 2, and 3 to the form PM3. Page State Department of	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give ne	orest town)
form le Depo	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Physicians (LA PIATA Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
after death. 8. Give Poge along with f	3. NAME OF First Middle DECEASED (Type or print) JANE	DATCHER OF June	Doy Year 7, 1967
hours after death. If a litem 18. Give Poges 1, Office along with form I lang Z with the State Dear record	S. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 42 yrs. IF UNDER 1 YE. Months Do	AR IF UNDER 24 HRS.
in Item 18 er's Office offer Ceath	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed 13. FATHER'S NAME		N OF WHAT
within pencil xaminer ile page hours o	William H. Thompson	14 MOTHER'S MAIDEN NAME Telery Marbury	
executed wanding" in particular in particula	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	Rd. Md.
e should be the word "pe to the Chief buriol-tronsil in any event	58 / O Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause DUE TO DUE TO	phosis of liver	INTERVAL BETWEEN ONSET AND DEATH
This certificat tote, writing be forwarded be used as o removol, and	lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PEREORMED? YES X NO
INFR: This of the certificote, should be for files. 3 should be unition, or remove	PRIMARY I OF CONTRIBUTING I). (Enter nature of injury in Part 1 ar Part II of item 18.)	
(AMINE te the c e 4 sho rour file oge 3 sh emotior		LACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(Stote)
TO DEPUTY MEDICAL EXAMINER: necessary, please execute the certifit the funeral director. Page 4 should 15 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health prior to buriol, cremotion, or	21. I certify that I taak charge of the remains described above, he death resulted from: Natural causes , Accident , Su ACTUAL SIGNATURE Charles S. Springate, M.D.	icide , Homicide , Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER June 8	22. DATE SIGNED
TO DE nece: the f 5 mo	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMAIDRY Cemetery dist Church Pomonkey, Md	
VR A15ME (5) 6M 1/67	Barnes & Matthews, Inc. 3619 14th	St. N. WUN 1 2 1967 Clarle	ature and a constant

. HERMAN DIE while and the state of the stat PARTIES - AND THE STREET The commerce of the contract of WE MONE Har come, Lon 3619 man of v. dish I is 1967 Parant July and the state of t

FOR STATE HEALTH DEPT.

08076

P.M.3. Page "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to any deloy is

pages 1 and 2 with the State Department of

er deoth. Health prior to buriol, cremotion, or removol, and in any event within 72 hou TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fill 5 moy be retoined for your files.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessory, please execute the certificate, writing the word

TO DEPUTY MESTLAL EXAMINER:

This certificate should be executed within 24 hours ofter death. It

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

98063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH 0. COUNTY CHARLES MARYLAND					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY Maryland Charles c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
]	write RURAL and g			c. LENGTH OF STAY IN	lb	Marbury	outside corp	orate limits, write RUI	RAL and giv	e neores	/	
			OR INSTITUTION (If no				d. STREET ADDRESS					ON A FA	DENCE ARM? NO
		Physicians NAME OF	Memorial Fin	HOSPAC	a I Middle		Lost	T 4. DAT	E Mont	h	Doy	Ye	
	(DECEASED (Type or print)	1.0	UISE	D.		DAY	OF DEA	rH 6		10		67
	S. 5	SEX	6. COLOR OR RACE		X NEVER MARRIED		3. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months		IF UNDER	
		emale	Colored	WIDOWED [DIVORCED		4-19-13		54 yrs.				Aim.
		. USUAL OCCUPATION (C ing most of working life	Give kind of work done e, even if retired)		D OF BUSINESS OR USTRY		II. BIRTHPLACE (Stote or foreign country) Maryland US.					TRY?	
		FATHER'S NAME	presenta				14. MOTHER'S MAIDEN	NAME					
			H. Washi	42			Ada Qı	ieen			W.		
	1S. (Ye	WAS DECEASED EVER I s, no, or unknown) (II	N U.S. ARMED FORCES? I yes give wor or dotes o	f service) 16. SC	OCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess			
			couse (o),	(o)A TO	, , , , , , , , , , , , , , , , , , , ,	roti	c cardiova	scula	r disease			ERVAL BET SET AND C	
	ATION	PART II. OTHER SIGN	HEICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO 1	THE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART 1(o)			WAS AUTO PERFORM ES	
	CERTIFICATION	200. EXTERNAL CAUS PRIMARY ☐ or CONTI CAUSE OF DEATH.		20b. DESC	CRIBE HOW INJURY OCCU	JRRED.	Enter noture of injury in	Port I or	Port II of item 1B.)				
	MEDICAL	20c. TIME OF INJUR' Hour o.m. p.m.	Y Month, Day, Yeor 19	20d. INJ While at work	Not While		CE OF INJURY (Home, for ory, street, office bldg., etc		. (City or town)	(Co	unty)	(Stote)
		21. I certify	that I took chorge	of the rem	oins described abo	ve, he	ld an Autopsy 🔲	Inspe	ction 🔀, Inqu	Jiry 🔲,	and	in my	apinian
	-	deoth resulted	d fram: Noture	ol couses X	, Accident ,	Suic	ide 🔲, Homicid		Undetermined m	onner [
6		ACTUAL SIGNATURE	640	Ful	er		M.D. ASSISTANT ME	DICAL EXAM	ATNER _		2	22. DATE	SIGNED
2		EXAMINER'S NAME (Type) F	RUSSELL S.				DEPUTY MEDI Address (Stre	et, city, tov	n, or county)		6	-11-	67
	230	REMOVAL (Specify)			23c. NAME OF CEMETE Smith Cha		REMATORY L Methodi		LOCATION (City or To Pisgah,		(County)	,	tote)
	24	FUNERAL DIRECTOR			ADDRESS		2So. REC	D BY REGI	STRAR 2Sb_RE	GISTRAR'S	IGNATUR	E	

VR A15ME (5) 6M 1/67

Jenkins

D.C.

ohnson

4804

Georgia

的数字编码,在ASEE \$4000 据说是《相口·ADD TODAY CHEE AND COLLANDAR TO THE COURSE OF THE PARTY OF THE PARTY OF THE Here was been a second medical half the section even English with the agency of the control of the represent the many many to the state of the Property and with the first term of the state of the stat

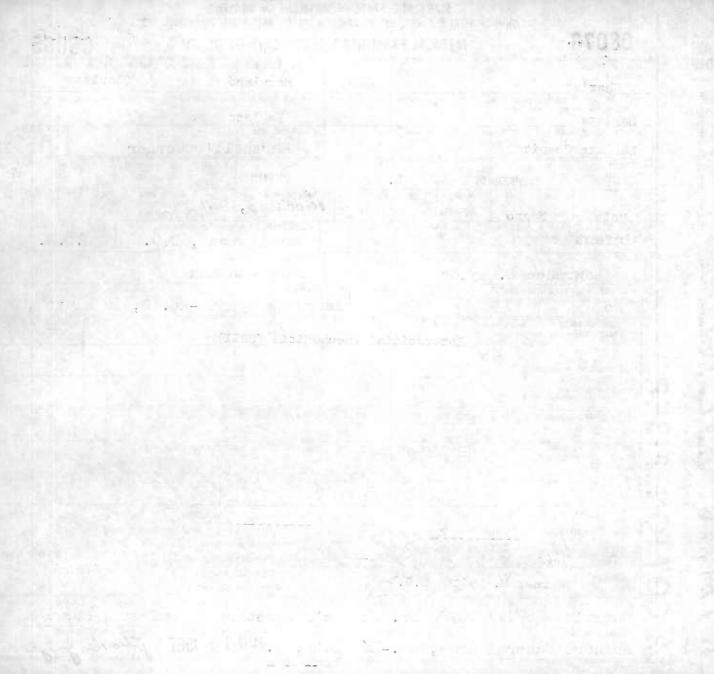
4	L	08077	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	08064
In director filed with	1.	PLACE OF DEATH o. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Whe	of Columbia	ion: Residence befor	e odmission)
funeral uld be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaPlata Md	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	otside corporate limits, write	RURAL ond give near	rest town)
urs offe	F	d. NAME OF HOSPITAL (If not in hospitol, give street of institution hysicians Memorial Le	aPlata Md	d. STREET ADDRESS 4414-Fifth	N.W.		ON A FARM?
filled in ges J on	3.	NAME OF First DECEASED (Type or print) Annabel DeGroot	Middle	Lost	4. DATE OF 6-25-	67 Day	Year 19
oletely f		Female 6. COLOR OR RACE 7. MARR	DIVORCED	5-16-1875	9. AGE (In years lost birthdoy) 92 yrs		
execute nd cam nn pape death.	10	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE	KIND OF BUSINESS OR INDUS	Charles Co	or foreign country) Ounty Md	12. CITIZEN OI	WHAT COUNTRY?
cate be iician ar e carba rs after	13.	homas B.Limbrick		Anna C.Cu	AME		
n certification of the certifi	15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [If yes, give wor or dates of services 5 79]	social security No. 17. II 1-60-6301	Henry DeGroo		Md-Son	MILES
at the death the attendi Then pleas event within		18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]	alnutrition		ONSE	RYAL BETWEEN ET AND DEATH definite
requires than on. signed by sit permit. nd in any		code (o), stoting the under-	ility				definite
The law ng physici e has been burial-tran remaval, a	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CLArge Ulcerated ar	ONTRIBUTING TO DEATH BUT CAS ON right RIBE HOW INJURY OCCURRET	side of che	st	VEN IN PART 1(0) 19	. WAS AUTOPSY PERFORMED? YES NO
SICIAN: attending as the k		(IF EITHER, NOTIFY MEDICAL EXAMINER)		ACE OF INJURY (Home, form,		(County)	(Stote)
G PHY bital or in this of far use cremati	MEDICAL	Hour o. m. 19 While of work	Not while for of work	fory, street, office bldg., etc.)			
ATTENDIN he hosp in to buriol,		21. I certify that I attended the decease alive on 6-25-67 19		accurred at <u>IAM</u>	M, from the causes of DDRESS (Street, city or town,	and on the date	
retained RAL DIRE shauld by strar prior		PHYSICIAN'S James E. Andrei	ws MD	o Indian He	ao Mo.		-2 01
TO HOSPITAL may be retained to FUNERAL I page 3 should the registrar	E	p. Burial, Cremation, 22b. Date thereof Removal (Specify) Burial June 28, 196 FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OF COngressi	onal Ceme.	Penn Ave & BY REGISTRAR 246. REGI	or county. E. 17th, Was STRAR'S SIGNATURE	(Stote)
VS A15 (4) 15M 9/55		rehart Funeral Home				Mars signature	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THE REPORT OF THE PROPERTY OF THE PARTY OF T Vacantino C manage The second secon

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08078 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUCharles of Charles MARYLAND File pages 1 and 2 with the Stote Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b LaPlata LaPlata e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS farm Marshall's Cornor LaPlata Hospital = Physicials NO X in Item 18. Give Poges 24 hours ofter death. e certificate, writing the ward "pending" in pencil in Item 18. Give Pogi shauld be forwarded to the Chief Medicol Exominer's Office olong with 3. NAME OF First Middle 4. DATE Month Year 67 DECEASED 6 DYSON L. LAWRENCE 19 (Type or print) DEATH IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months 967 event within 72 hours after deoth. WIDOWED DIVORCED Mosxx Negro 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? A during Trest of working life, even if retired) INDUSTRY Washington , D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Mary Chapman Lawrence L. Dyson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, orunknawn) (If yes give wor or dotes af service Lawrence Dyson -Rt. 2, La Plata None 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 'Interstitial Pneumonitis (SDII) MEDICAL EXAMINER: This certificote should writing the ward DUE TO in ony Canditians, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse pup 00 WAS AUTOPS'
PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) execute the certificate, NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING 0 CAUSE OF DEATH cremotion, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page of work at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion deoth resulted from: Notural couses X Accident Suicide T Undetermined monner Homicide funeral director. may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE 6/8/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz, NAME (Type) Address (Street, city, tawn, ar caunty) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. 50 Maryland St. Joseph's Cemetery Pomfret 24. FUNERAL DIRECTOR A15ME (5) Funeral Home, Inc .- La Plata, Md 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



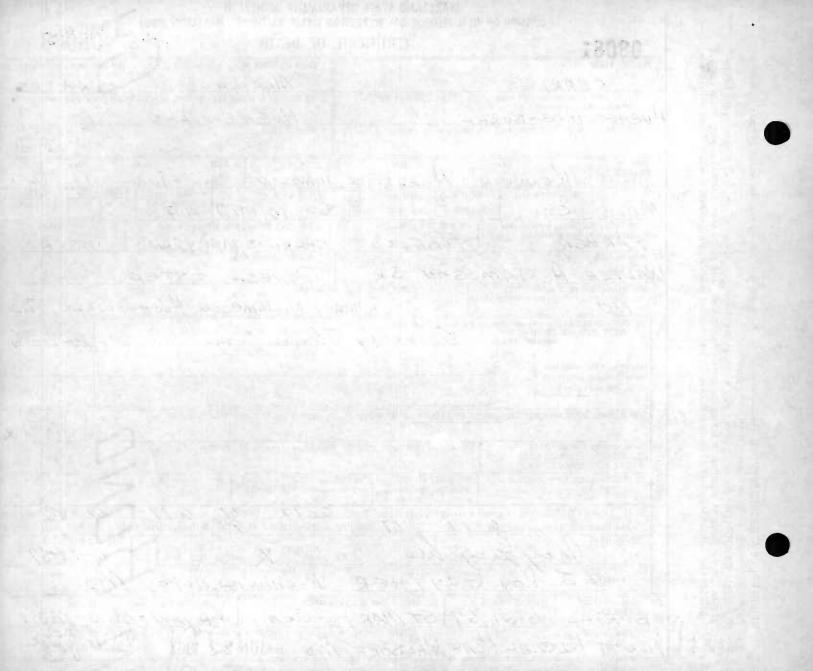
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #10a & b & 08088 CERTIFICATE OF DEATH 08073 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryla nd Charles Charles MARYLAND oon popers. Pages within 72 hours after CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Hughesville Hughesville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? ES NO d STREET ADDRESS filled i YES physician and compression printed please remove corbon printed and corporate printed by the printed printed by the printed printed by the pri NAME OF 4. DATE Last Month Year Dov DECEASED Lester Goodnough (Type or print) DEATH 19 (S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Dovs June 4 1900 Hours M DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Ret.U.S. Penn. IISA 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal, ottending phys KOWn nown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5010 Lee Jay Ct. (Yes, no, or unknown) (If yes give war or dotes of service) 220 7583 Mrs. Charlotte Hicks 44 District Hights, Md. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) signed by the buriof-tronsit p PART I. DEATH WAS CAUSED BY **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospital or attending physicion. DUF TO Conditions, if ony, which gave (b) rise to immediate couse (a), DUF TO stoting the underlying couse as the Dept. of Health prior to lost 19. WAS AUTOPSY PERFORMED? PARTAIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO NO certificote for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, TO FUNERAL DIRECTOR: After this (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 1966, ta 21. I certify that (I) (this hospital) attended the deceased fram director, page 3 should should be filed with the and that death accurred at saw the deceased alive on Merram causes and on the date stoted obave 220 SIGNATURE DATE STONED 22b. X M.D. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type CHANICSVILLE 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) burial Arlington Mational Arlington, Va. Cem 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Huntt Funeral Home. Waldorf. Md.

EAL AND THE STORY OF THE STORY 10 4 TO 10 T and companies and the State State of Part of State of Land Birth No. 12th Court of the Cou

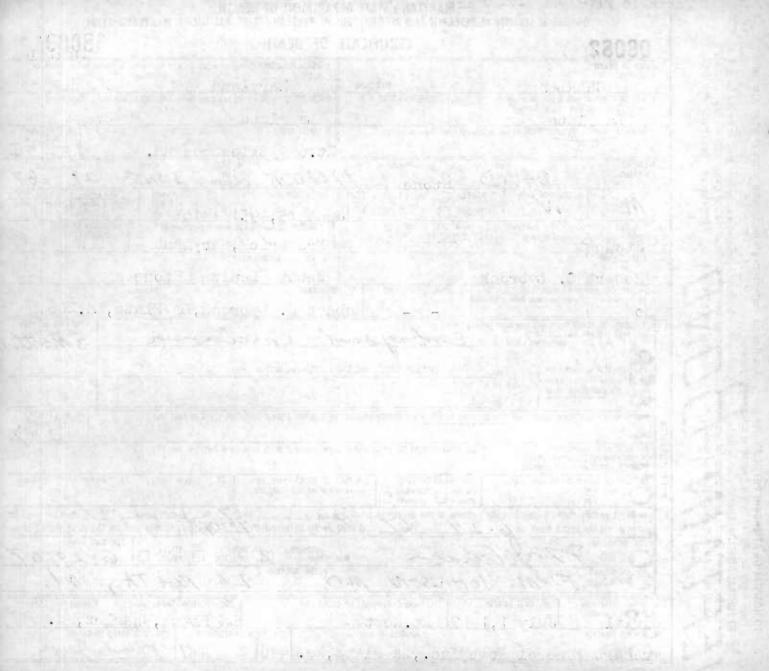
8	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	UD CU
•	E 700 E		08080 CERTIFICATE OF DEATH 08067	i
	hours after death, d in by the funeral rs. Pages 1 and 2 thours after death	1.	PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence bef a. STATE b. COUNTY	ore admission
	the the after	_	CHARLES MARYLAND ///D CHAR	LES
	in by the s. Pages hours aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RYANTOWN 18	aarest town)
	hour d in crs.	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS	RESIDENCE
	ithin 24 horetely filled in bon papers. within 72 h		PHYSICIANS MEMORIAL YES	N A FARM? ND
	executed within and completely remove carbon pranty went, within	3.	DECEASED	Year
	conaple	5.	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 18. OATE OF BIRTH 19. AGE (In years IFUNDER 1 YEAR IFUNDER 1 YEAR	19 6 / NDER 24 HRS
	and com	1	MALE CAU, WIDOWED DIVORCED 1/16/12/2/16/17 60 vrs. Months Days Ho	ours Min.
		10 du	Ia. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 12. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 12. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 12. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 13. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 14. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF VIRING MOST OF WORKING LIFE, even if retired) 15. CITIZEN OF WORKING LIFE, even if retired 15. CITIZEN	TAHV
	physician please in please in please in please in please in val, and in	13	FARMER TOBACCO CHARLES, MD. 11,5	. A .
	certifica ding ph Then remova	15	EARNEST JAMESON ALICE MUDD	
	h cer tendii nit. T or rei	15 /V	5. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITYNO. 17. INFORMANT Address (cs. po., or updown) ((If yes give war or dates of service)	
	e death certifica the attending ph it permit. Then nation, or removal		EVELYN JAMESONSRYANTOWN, M	D.
at the deat ian. d by the at ransit perr cremation.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY:	L BETWEEN
	es that the hhysician. signed by tl urial-transit urial, crema		IMMEDIATE CAUSE (a) Concernity flow	1
	The law requires that the death certificate be or attending physician. Cate has been signed by the attending physiciar use as the burial-transit permit. Then please eaith prior to burial, cremation, or removal, and		Conditions, If any, which) OUE TO action is cluster lear less of	Jays
	ding p ding b been the b		gave rise to Immediate cause (a), stating the OUE TO	1
	tend as t as t prior	N	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA	AS AUTOPSY
	icians. The law ospital or atten certificate has hed for use as to differ the help of the form of the	CERTIFICATION	What Cunhoring Of H New Oll 13	RFORMED?
	pital pital d for of He	TIF	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of hjury in Part I or Part II of Item 18.) DR CDNTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	110 [22
	SICIA hospi s cert ached ept. of			
	OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician DIRECTOR: After this certificate has been signed be 3 should be detached for use as the burial-tranted with the State Dept. of Health prior to burial, cred with the State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While Not While Sactory, street, office bidg., etc.) 10c.	(State)
	retained by CCTOR: After Should be with the State	Σ	p.m. 19 at work at work	(I) /(we) last
	etaine etaine TOR: shoul		saw the deceased alive on 19 2, and that death occurred at 12 13 M, from the causes and on the date st	
	DR AT		22a. SIGNATURE 22b. OATE SIGNED	1-
	ral or may be al DIR page page e filed		22c. PHYSICIAN'S NAME (Type) DIRECTOR D	h = ()
	TO HOSPITAL OR ATTENDING PHYSI Page 4 may be retained by the h TO FUNERAL DIRECTOR. After this director, page 3 should be detactor, but the State Depty should be filed with the State Depty	_	I THE BEST TONIUS OF THE CARRO	MX.
	Pag To Fi	23	PEMDYAL (Specify) 6 2 C ()	(State)
		24		RE .
	VR AI5 (4)	1	HUNTT FUNERAL HOME, WALDORF, MD. DATELLIN 20 1967 Icharles Jun	42
	20M 1/65	17	0011 001 1/1 001	V

1.00 SENERGY TO THE THE PARTY OF THE LE SUMMER DE LE SUMBLE DE LA COMPANIE DE LA COMPANI THE REAL PROPERTY OF THE PARTY The track of the second of the E SHERWESH CHARLES ALL HOUTE I WEEK HOPE WHEEK I THING

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08068 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY CHARLES MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 ban papers. Page within 72 hours a write RURAL and give nearest town in by GHESVILLE VGHESVILLE - KURAL d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS filled YES 🔽 NO and completely f NAME OF First Middle Lost 4. DATE Manth Year Doy DECEASED AMESON JUNE (Type or print) ENNETH GUSTUS DEATH 196 anyeven S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) edse COUNTRY? pup CHARLES MARY FARMER CCO 13. FATHER'S NAME ar removal. MESON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH ourial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO signed L Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the haspital ar attending as the State Dept. of Health priar ta 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X YES [certificate d 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office blda., etc.) Not While ot work of work Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram 6-17 1967, 106-17 saw the deceased alive on_ 19 67, and that death accurred at 935 M, fram couses and on the date stated obave DIRECTOR: 6-17 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. director, page 3 shauld be filed v M.D. DIRECTOR 22c. PHYSICIAN **ADDRESS** O HOSPITAL FUNERAL NAME (Type) CHANICSVILLE 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREO! 23d. LOCATION (City or Town) (County) RVANTOWN 0 REC'D BY REGISTRAN



290 /-/-0/ ammaryland state department of Health Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08069 CERTIFICATE OF DEATH 08082 requires that the death certificate be executed within 24 haurs after death. death. physician and campletely filled in by the funeral new please remaye carban papers. Pages 1 and and in any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY CHARLES MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Plata Plata d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Ellenwood YES NO X NAME OF First Middle DATE Manth Day Year DECEASED OF DEATH JUNE (Type or print) 19 6 tone S. SEX 6. COLOR OR RAC 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Manths Dovs Hours WIDOWED DIVORCED 1951 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired)
Student INDUSTRY COUNTRY? Frederick, Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval Robert Betty Louise Stone WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service 5 Robert C. Lybrook, La Plata, Md. 20646 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gave primary site unknown rise ta immediate couse (a), DUE TO stating the underlying cause the hospital ar attending this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) Nat While After at wark Page 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased from O FUNERAL DIRECTOR: saw the deceosed alive on 6.2 1962, and that death occurred of 7.3000 m causes and on the dote stoted obove 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Plata Charles, Md.
TRAR | 256. REGISTRAR'S SIGNATURE 967 Mt.Rest Buria 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Ochowley Judge Home Inc. La Plata, Md. Arehart Funeral



1	MARYLAND STATE DEPARTMENT OF HE Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STRE					
FOR STATE	08083 MEDICAL EXAMINER'S CERTIFICATE O					
HEALTH DEPT.	Charles County Maryland Maryland	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) Maryland Charles				
2, ond 3 to PM3. Page port next of affer again.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rison Md c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Roson	tside carparate limits, write RURAL and give nearest tawn) Md OS. /				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	e. IS RESIDENCE ON A FARM? YES \ NO \				
24 hours after death. in Item 18. Give Page r's Office along with f. ss 1 opd 2 with the Stot ny event within 72 ho	3. NAME OF First Middle Lost DECEASED (Type or print) Foster Alexander McCauley	Lost 4. DATE Month Doy Year OF DEATH 6-27-1967 19				
rs after d 18. Give e along v 2 with the	Male 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 2-12-1892	9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. 7 Set birthdoy) Yrs. Months Doys Hours Min.				
thin 24 hours ancil in Item miner's Office pages Tond 2 in ony event	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR West Virg	inia USANTRY?				
y within n pencil Exomine File page and in o	Alexander McCauley Martha H	14. MOTHER'S MAIDEN NAME Martha Hoyt				
xecuted and in Medical Experimit. Firemoval, and in managements.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 718 \$\displace{1}{2} \text{8-6518} 17. INFORMANT Wife-Louis	e McCauley, Rison Md.				
INER: This certificate should be executed within 24 hours after death. If a secrificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forworded to the Chief Medical Exominer's Office along with form files. 3 should be used as a buriol-transit permit. File pages lond 2 with the State De ent, prior to buriol, cremation, or removal, and in any event within 72 hours	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last. (b) Arterio sclerosis Genwra (c) Aging Process					
s certifi e, writii forword used c	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\) NO				
AL EXAMINER: This execute the certificate, or. Poge 4 should be for your files. TOR: Page 3 should be used ogent, prior to be used ogent, prior to be used.	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.					
execute the certification. Some and the service of should files. CTOR: Page 3 should ignored agent, principal or should be serviced to the service of the se	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of twork of two					
se execu ictor. Pog ned for ECTOR: P	21. I certify that I taak charge af the remains described abave, held an Autapsy, death resulted from: Natural cases, Accident, Suicide, Hamicide, CHIEF MEDICAL					
ro DEPUTY MESCAL EXAMINER: This necessory, please execute the certificate, the funeral director. Poge 4 should be from From From From From From From From F	SIGNATURE M.D. ASSISTANT MEDICA EXAMINER'S M.D. ASSISTANT MEDICA DEPUTY MEDICA	10.4 EXAMINER 22. DATE SIGNED 1. EXAMINER 3 6-27-67 1. city, town, or county) Indian Head. Md				
TO DE the f S mc S mc Full Heolt	230. BURIS CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 7 23c. NAME OF CEMETERY OR CREMATORY BURIS (Specify) 5 Pringhill	23d. LOCATION (City or Town) (County) (Stote)				
VR A15ME (5) 6M 1/66	24. FUNERAL DIRECTOR Home, Wellsville, Ohio 250. REC'D	BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				

28990

well as help and

···

. W shely but

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08084 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08071 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence-before admission) o. COUNTY. Deportment of after death. MARYLAND b. CITY OR TOWN (If outside carporote limits, write RURAL and give, legrest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) e. IS RESIDENCE ON A FARM? form hours NOX ate 24 hours ofter death. phong with NAME OF Middle DATE Year DECEASED OF DEATH (Type ar print 9. AGE (In years 7. MARRIED NEVER MARRIED Manths Hours WIDOWED DIVORCED Office eve Oa. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State ar foreign country 12. CITIZEN OF WHAT during most of working life, even if retired)
Fireman COUNTRY? Wash., D.C. in ony Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Walter Edward Schulz Elizabeth Volkman Marv pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Fairfax, Va. (Yes_np, ar unknawn) (If yes give war ar dates af service removal. Eliz.Rader.3225 Lothian Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremation, or IMMEDIATE CAUSE (a) certificate should e, writing the word forwarded to the Cl DUE TO Canditians, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause buriol, WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) EXTERNAL CAUSE WAS Health or its designated agent, prior PRIMARY Or CONTRIBUTING should CAUSE OF DEATH 2Dd. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year 2De. PLACE OF INJURY (Home, form, (City or town) (State) Hour o.m factory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge Not While at work 21. I certify that I tack charge of the remains described above, held an Autopsy Inspection 🗵 and in my apinian death resulted from! Suicide [the funerol director. Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** E.J street, city, town, ar county NAME (Type) 23d. LOCATION (City or Town) 0 Prince Georges Co. Ft. Lincoln Cemetery 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15ME (5) Monten

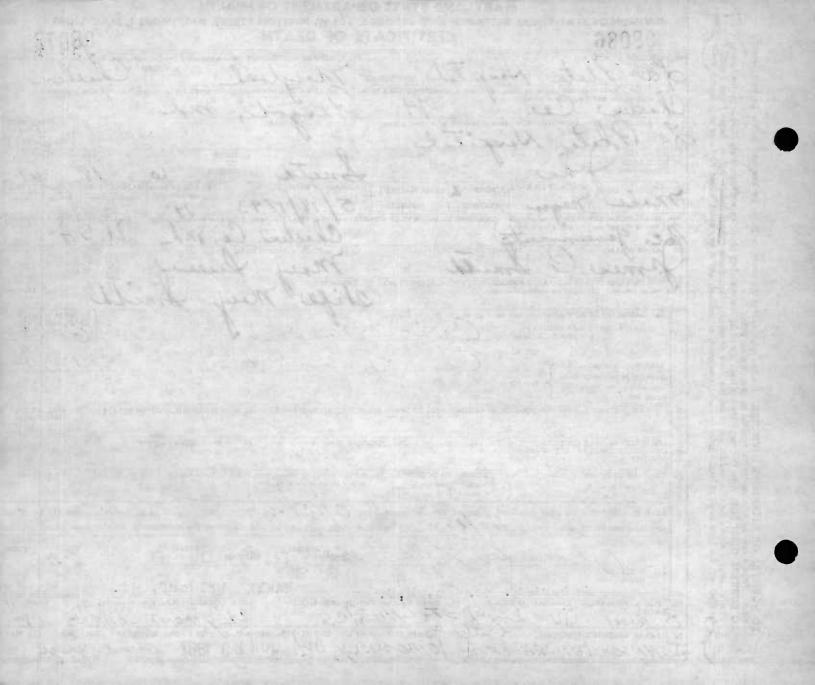
bill 100 supposition that the property of the party of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Maryland Charles Charles MARYLAND CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cobb Islans Cobb Island d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO TO NAME OF First Middle Last 4. DATE Month Day DECEASED (Type or print) John Edward Jack SIMMS DEATH 1967 June be executed SEX 6. COLOR OR RACE | 7. MARRIED XX NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 8. DATE OF BIRTH remove last birthday) Months I Days any and Male Cauc. WIDOWED [DIVORCED [Vrs. physician an please re = 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) during most of working life, even If retired) COUNTRY? Store Operator-Waterman-Fireman-Ret Charles Co IISA death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Rudolph Simms Oliver Lucy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mary E. Simms, Cobb cremation, INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. burial-burial DUE TO Cenditions, If any, which gave rise to Immediate 라 DUE TO cause (a), stating the underlying cause last. (c) as CERTIFICATION WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO IX 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. 8, 1966, to 21. I certify that (I) (this hespital) attended the deceased from and that death occurred at 8 MM, from the causes and on the date stated above. JUNE 2219 67 saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. page PHYSICIAN'S HOSPITAL 22d. ADDRESS FUNERAL director, p should be f 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION.I 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 27,1967 Trinity Memorial Gardens, Waldorf, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Funeral Home Inc., La Plata, Md. VR A15 (4) 20M 1/65

pro Carl Continuos. First Edition eden thuc, the transfer of the second transfe the continuous of the continuo en de la compación de la compa . of transier, where it is even the transier of the country of the Programme and the state of the programme and the state of the state of

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 08086 shalld 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) COUNTY b. COUNTY 1 P MARYLAND CITY OR TOWN (if outside corporate limits, CITY OPTOWN (If outside corporale limits) write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RORAL and give reagest town) Pages 1 urs after NAME OPTIOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREE ADDRESS ON A FARM? YES NO NAME OF 4. DATE Middle Month Day Year DECEASED OF 6 (Type or print) DEATH 0 1967 and 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months event, WIDOWED [DIVORCED Yrs. certificate physician remove 10e. USUAL OCCUPATION (Give kind of work dose during most of working life, evan if retired) 10b. KIND OF BUSINESS OR INDUSTRY State, or foraign country) 12 CITIZEN OF WHAT COUNTRY? any please 13. ATHER'S MAME MOTHER'S MAIDEN NAME affending Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) requires that signed by the permit. physician. 1B. CAUSE OF DEATH |Enter only one cause par line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: Mas IMMEDIATE CAUSE (a) has been signed to burial-transit cremation, DUE TO attending Conditions, if eny, which gave rise to Immediate cause DUE TO the bur burial, (a), stating the underlying cause last. hospital or PHYSICIAN: certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION as o PERFORMED? NO F use prior 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) for OR CONTRIBUTING IT CAUSE OF DEATH DIRECTOR: After man by the defect of the def (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Whila Not While to Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital), attended the deceased from...(.... saw the deceased alive on19......., and that death occurred at...M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF TENDING BIRECTOR PHYS. death. Page 4 page with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) filled \ Waldorf Robert W. Merkle. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) O TE ADDRESS 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08074 08087 requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b COUNTY MARYLAND rely filled in by the fu-ban papers. Pages l Pages c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside carparate limits. c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) e RURAL and give nearest taying d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 00 YES NO 3. NAME OF Middle remove torban 4. DATE Manth Year Day campletely DECEASED (Type or print) event, DEATH 19 6 SEX COYOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS NEVER MARRIED hirthdoy) Months Days Haurs DIVORCED and in any WIDOWED pup 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mon of working life, even if retired) physician Houselpon 13. FATHER'S NAME crematian, ar remaval, attending phys Dowi WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO af unknown) (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the haspital ar attending physician DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO stating the underlying cause he Dept. af Health priar to last OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO K O FUNERAL DIRECTOR: After this certificate YES 0 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (Caunty) (State) Hour o.m. factory, street, affice bldg., etc.) Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the ot wark at wark 21. I certify that (1) (this hospital) ottended the deceased fram 19____, that (I) (we) last M, fram causes and an the date stated above. saw the deceased aliveran and that death accurred at 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. director, page 3 shauld be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION. 23d. AOCATION (City or Town)

MARYLAND STATE DEPARTMENT OF HEALTH

The state of the s distributed and delegan of the Market Haraland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COLINTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 1h c. CITY OR JOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town P M3 ofter Deport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 72 hours Office olong with form Item 18. Give Poges YES NO hours after deoth. 3. NAME OF DATE DECEASED (Type or print) DEATH with S. SEX OLOR OR RACE WITH 7/ MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 'oy) Months Dovs Hours WIDOWED DIVORCED event 2 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR or toreign country 12 CITIZEN OF WHAT Onv pending" in pencil in of Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within = pup WAS DECEASED EVER IN U.S. ARMED FORCE S? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) removol CAUSE OF DEATH (Enter only one couse per line for (o) (b) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) This certificate should writing the word cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 00 last. buriol, used PART II. OTHER MENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DUSCASE CONDITION GIVEN PART 1(a) 19. WAS AUTOPS PERFORMED? the certificate. NO pe 9 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page pleose execute ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry Cand in my apinian the funerol director. deoth resulted from: Matoral couses Accident Suicide Homicide | Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health MoV NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) 0 JAN WECT BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Marley VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08083 08076 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. COUNTY g. STATE b. COUNTY Page p HARLES MARYLAND delay and 3 t b. CITY OR TOWN (If autside caroarate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (1) autside carparate limits, write RURAL and give nearest tawn) pup give nearest town NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? Del form The second in Item 18. Give Pages YES NO after death. 4 shauld be farwarded to the Chief Medical Examiner's Office along with NAME OF 4. DATE Manth Day Year DECEASED the OF within. (Type ar print) DEATH 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF LINDER 1 YEAR birthday) Manths Days Haurs CAU WIDOWED DIVORCED 24 haurs event and 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? any ARMER MACCO pencil i 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME .⊑ and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 502 Address DUNLAP permit. (Yes, na, ar unknown) (If yes give war ar dates af service) remayal 1B. CAUSE OF DEATH (Enter only one cause per line burial-transit PART I. DEATH WAS CAUSED BY D IMMEDIATE CAUSE (a) This certificate should writing the ward crematian, DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO o stating the underlying cause OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? please execute the certificate, NO p YES 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) pridr 3 should PRIMARY ar CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) Hour a.m. While factory, street, affice blda., etc.) FUNERAL DIRECTOR: Page at wark 21. I certify that I took that ge of the remains described abave, held an Autapsy Inquiry F Inspection and in my apinion death resulted fram Notural causes Accident Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, tawn, ar caunty) 23a. BURIAL CREMATION. 23b. LOCATION (City or Town) (Caunty) 50 MEMOVAL (Specify) ITHERSBURG FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME 6M 1/66

The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08090 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland 2, and 3 ta PM3. Page Charles MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town)
Marshall Hall Pa Port Tobacco Few Hours after (rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE farm haurs in Item 18. Give Pages 1, ON A EARM? Office alang with NAME OF First 4. DATE Last Manth Day Year DECEASED with the OF DEATH John Lugie Wood 6-1-67 within 19 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED DATE OF BIRTH IF UNDER 24 HRS. **NEVER MARRIED** day birthdoy) Male Months Hours Negro WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Student 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT USA NTRY? INDUSTRY Charles County Md. pages I d "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Mary Louise Thomas John Jerry Wood and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, ar unknown) (If yes give war ar dates af service) removal. Mother Mary L. Wood. Port Tobacco Md None No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: mme diate 10 IMMEDIATE CAUSE (o) Drowning-Accidental This certificate shauld writing the ward crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse go burial, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN IN PART I(G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN IN PART I (G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN IN PART I (G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN IN PART I (G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN IN PART I (G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN IN PART I (G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN IN PART I (G)

PART MACHINE TO THE TERMINA DISEASE CONDITION GIVEN G 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO X prior shauld PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or town) (State) Marshall Hall Charles County factory, street, affice bldg., etc.) Park FUNERAL DIRECTOR: Page 5-27-679 Park TO FUNERAL DIRECTOR: Page Health ar its designated or at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔽 and in my apinion Inquiry Accident X death resulted fram: Suicide | | Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER & **EXAMINER'S** James E. Andrews Address (Street, city, town, or county) Indian Head Md NAME (Typ 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, PREMATION 23d. LOCATION (City or Tawn) (County) REMOVAL (Specify) 6/3/1967 Bel Alton Maryland St. Ignatius Cemetery ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME (5) Funeral Home, Inc .- La Platal Md DAWUN

MARYLAND STATE DEPARTMENT OF HEALTH

The second or find your control of the region of in the state of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08091 CERTIFICATE OF DEATH deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY popers. Poges 1 in 72 hours ofter requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If outside carporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN Ut outside corporate limits, write RURAL and give nearest town) write RUBAL and give nearest town) .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 00 YES NO X NAME OF Middle UOC First 4. DATE Lost Month Day Year completely DECEASED OF (Type or print) DEATH 19 6 IF UNDER 1 YEAR IF UNDER 24 ARS eve 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years remove birthday) Months Davs Haurs buriol, cremotion, or removal, and in any WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) ease COUNTRY ? INDUSTRY physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, of unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one cause per line for fo) INTERVAL BETWEEN (b), ond (c). signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying couse the with the State Dept. of Health prior to SD 19. WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO S YES certificote ٥ 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While ot work ot wark **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased fram 19____, that (I) (we) last 19 ta and that death occurred at M, fram causes and on the date stated above. saw the deceased alive ap-22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR PHYS. PHYS. should be filed 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

